

Hurricanes Ivan, Charley, and Frances Create Critical Need for Nurses!

September 21, 2004

Nurses are desperately needed to assist with ongoing disaster relief operations as a result of the hurricane damage recently inflicted upon the United States. If you have had Red Cross disaster health or disaster mental health training (or have training scheduled in the immediate future) your help may be needed! Please contact your local chapter or complete the attached forms and fax to number listed below if you are able to provide assistance now or in the near future. The largest numbers of volunteers are needed now and in 2 week intervals for a projected 2 months. See Assignment Roles and Requirements (page 2) for additional information regarding types of roles needed.

Please note the following:

- You do **not** need to be current Disaster Services Human Resources (DSHR) members, but will be asked to join prior to deployment.
- You must be in good health and be willing to serve on a disaster assignment for a minimum of 10 days to 2 weeks (includes travel and training time).
- You must have a current, active license in the US/US Territory.
- Your assignment will likely be in an area affected by recent hurricanes, which can mean lack of power, intense heat, humidity, flooding, confusion, chaos and other hardship conditions including sharing motel rooms or staying in a staff shelter.
- All workers must be extremely flexible as assignments, needs, resources and expectations change frequently.
- Deployment is not guaranteed; actual assignment/deployment will depend upon a variety of factors.
- Additional information will be provided prior to deployment.
- Please complete the application (page 3), personal statement of understanding (page 4-5) & personal statement attesting to good health (page 6) forms. Fax completed forms to the Headquarters Disaster Operations Center, Human Resources Department at 202-303-0242.
- For more information contact Dee Yeater, RN, Temp DHS Lead, American Red Cross at 202-303-8613 or Laurie Wilshire, MPH, RN, Senior Associate for Nursing Development, Public Health Education/Preparedness, American Red Cross, 202-303-6924.

Assignment Roles and Requirements

The largest numbers of volunteers are needed now and in 2 week intervals for a projected 2 months in the following areas:

Community Services

- Feeding – food preparation and distribution
- Bulk Distribution
- Sheltering – Shelter managers in congregate shelters
- Emergency Aid Stations – located in affected areas and site of distribution of materials, counseling and educational materials

Individual Client Services

- Interviewing clients – interview clients on an individual basis, determine and provide financial assistance
- Health Services, Registered Nurse, Licensed Practical Nurse, EMT or Paramedic to do health assessments, assist in replacing essential health items, shelter health services and health education (current license within U.S. required)
- Mental Health Services – licensed psychologists, psychiatrists, counselors, marriage and family therapists, social workers and psychiatric nurses to provide supportive counseling, and shelter mental health services (current license within U.S. required)

Staff Support Services

- Staff health – experienced occupational health nurses to oversee health of Red Cross workers

Interested workers must be available for a two week period which includes travel and training to provide any of the above services. Workers must also be in good health able to tolerate high heat and humidity, confusion and chaos possibly of living and working with no electricity, sharing motel rooms or staying in a staff shelter. All workers must be extremely flexible as assignments, needs, resources and expectations change frequently.

American Red Cross Disaster Response Application Form

NAME: _____ SOCIAL SECURITY: _____
Last First MI

ADDRESS: _____
Street, Apt # City State Zip

PHONE NUMBERS: (day) _____ EMAIL/PERS: _____
(eve) _____ WORK: _____

EMERGENCY CONTACT: _____
Name Phone
Relationship Alt. Phone

ORGANIZATION AFFILIATION: _____

LICENSE/CERTIFICATION,
TYPE: _____ EXPIRATION DATE: _____

DATES AVAILABLE: _____

SUPERVISORY EXPERIENCE: _____

SPECIALIZED TRNG/EXPERIENCE: _____

LANGUAGE SKILLS: _____ PROFICIENCY LEVEL: _____

OTHER SKILLS(COMPUTERS/CASEWORK, ETC): _____

PREVIOUS RED CROSS ACTIVITY: _____

Please complete this form and fax it to 202 303-0242 or email to goolsbyb@usa.redcross.
Additional information will be provided following receipt of application.

American Red Cross

PERSONAL STATEMENT ATTESTING TO
GOOD HEALTH FOR DISASTER SERVICES
HUMAN RESOURCES SYSTEM

CONFIDENTIAL

DSHR System Member #: _____ Name: _____

Last

First

MI

Chapter/Unit of Affiliation: _____ Address: _____

Function/Position: 1. _____

2. _____ Date of birth: _____

3. _____ Height: _____ Weight: _____

Emergency Contact Information:

Name	Phone Number	Relation to DSHR System Member
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1. Have you been seen by a physician or other health care provider for any chronic condition, mental health condition, health problems or injuries during the past year?

☐ Yes

☐ No

If yes, for what? _____

Inclusive dates of treatment: _____

2. Have you been hospitalized or treated in an emergency room during the past year?

☐ Yes

☐ No

If yes, for what? _____

Inclusive dates of treatment: _____

3. Are you currently taking any prescription or over the counter medications? ☐ Yes ☐ No

4. MEDICATION

ILLNESS/REASON

5. Describe any restrictions on your activities: _____

6. Do you have health insurance: ☐ Yes ☐ No

NOTE: YOU MUST HAVE HEALTH INSURANCE TO BE A MEMBER OF THE DSHR SYSTEM.

7. _____
Name of Health Care Provider Phone number Address

With my unit, I have reviewed the requirements for DSHR System participation. I understand the physical and emotional requirements for being a disaster worker, and hereby state that I am able to fulfill them. To the best of my

knowledge, my health would permit me to serve on disaster operations.

In signing below, I give permission for the ARC DSHR staff/Staff Health/Physician Consultant or designee to contact my Health Care Provider for information concerning my current health status. I understand that refusal to sign will terminate membership in the DSHR system.

If this statement is incomplete or untrue, I understand my membership may be terminated. I also understand that if my information changes I need to update this form.

Signature: _____ Date: _____
DSHR System Member

Print name: _____

Decisions by DHS and DMHS at national headquarters are final.

Any costs incurred in obtaining health information required for DSHR System membership are the sole responsibility of the applicant/member.

Reviewed by: _____

Title: _____

Date: _____

Restrictions Applied: _____

Name: _____

DSHR ID #: _____

I am ☐ an applicant for ☐ a member of the Disaster Services Human Resources (DSHR) System of the American Red Cross. I understand there are certain conditions I must accept as a member of the DSHR System.

1. Availability

I am available and able to serve on disaster assignments within the continental United States as well as its territories and possessions for indefinite periods depending on the needs of the disaster operation. The average assignment is approximately 3 weeks and takes place within high pressure work situations in adverse conditions such as long and irregular hours, erratic and inappropriate food, eating and sleeping conditions; extreme heat, cold or dampness; crowds, noisy environment, and exposure to dust or other allergens. I understand my assignment may be extended or curtailed in accordance with applicable Red Cross policies, procedures, and staffing requirements, determined at the discretion of Red Cross Disaster Services.

2. Work Performance

I am willing to comply with directives issued by Disaster Services. I will uphold and follow the policies of the organization. I understand that I may be released from an assignment and/or removed from the DSHR System for a violation of policy or a personnel/performance issue.

3. Reimbursement for Official Assignment Expenses

I understand that there are established policies and procedures of the Red Cross for reimbursement of expenses for food and lodging, and certain other related expenses, incurred in connection with official assignments on disaster operations. I understand that failure to comply with said regulations may result in my dismissal from the DSHR System.

4. Status

I understand that I must submit an updated form on an annual basis.

I verify that within the last year I have not been convicted of a felony or of a misdemeanor resulting in imprisonment.

I fully understand the mandatory requirements indicated above and certify that I am able to comply with them. If these statements are found to be incomplete or untrue, I understand that I will be removed from the DSHR System.

Signature: _____

Date: _____